

FILED

7/18/02

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

DEC 03 2007

12-3-2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITTYRONE OWENS

Plaintiff

ET AL.

v.

SHERIFF

TOM DART &

Defendant(s)

et al

07CV6800

JUDGE HOLDERMAN

MAGISTRATE JUDGE ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, TYRONE OWENS, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
I.D. # 20070076179 Name of prison or jail: COOK COUNTY JAIL
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: 0

2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: 0
Name and address of employer: 0

a. If the answer is "No":

Date of last employment: _____

Monthly salary or wages: _____

Name and address of last employer: DYNAMIC SECURITY

b. Are you married? ☐ Yes ☒ No

Spouse's monthly salary or wages: _____

Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages

Amount _____

Received by _____

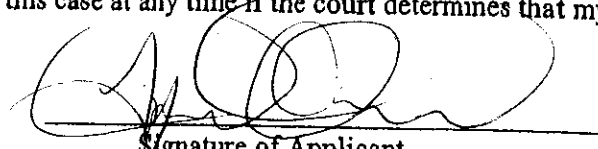
☐ Yes☒ No

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☒ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount 564 Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents
CARMELIA L. OWENS SADE M. OWENS

20070076179

DIV-1-H3

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11/2/07
Signature of ApplicantTYRONE OWENS
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)



I certify that the applicant named herein, Tyrone Owens, I.D.# 200 70076179, has the sum of \$.40 on account to his/her credit at (name of institution) Cook City Dept of Correction

I further certify that the applicant has the following securities to his/her credit: _____. I further

certify that during the past six months the applicant's average monthly deposit was \$ 132.00.

(Add all deposits from all sources and then divide by number of months).

11/20/07
DATESoc Worker Dean
SIGNATURE OF AUTHORIZED OFFICERSoc Worker Dean
(Print name)

 Managed Services Managed Better.			
Number Search	Name Search	Transactions	Orders
 Exit			
20070076179 - OWENS, TYRONE BALANCE: \$0.40			
Stamp	Transaction	Amount	Balance
11/14/2007	ORDER DEBIT	-3.10	0.40
11/08/2007	ORDER DEBIT	-95.98	3.50
10/25/2007	ORDER DEBIT	-76.50	99.48
10/12/2007	ORDER DEBIT	-88.02	175.98
10/09/2007	CREDIT	264.00	264.00
Click A Transaction To View The Detail or Print Full Report			
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